

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

ADDRESS (number and street)

1650 Diagonal Road

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00306449

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brenda Hargett, CPA

Signature of Treasurer

Electronically Filed by Brenda Hargett, CPA

Date

07

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period:

From:

M M
0 6D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		134393.57
(b) Cash on Hand at Beginning of Reporting Period	111282.60	
(c) Total Receipts (from Line 19)	22431.09	100302.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	133713.69	234695.74
7. Total Disbursements (from Line 31)	18385.88	119367.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	115327.81	115327.81
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	18465.50	84235.50
(ii) Unitemized	3960.42	16031.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22425.92	100266.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22425.92	100266.76
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.17	35.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22431.09	100302.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22431.09	100302.17

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	385.88	1367.93	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	385.88	1367.93	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	118000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18385.88	119367.93	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18385.88	119367.93	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22425.92	100266.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22425.92	100266.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	385.88	1367.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	385.88	1367.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Keith J Alexander, MD

Mailing Address 1720 Nicholasville Rd Ste 500

City

Lexington

State

KY

Zip Code

40503-1487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central KY Ear Nose and
Throat PSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: C1320398

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

William R. Blythe, MD

Mailing Address 1965 1st Ave

City

Opelika

State

AL

Zip Code

36801-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Alabama ENT PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: C1312481

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marcella R. Bothwell, MD

Mailing Address 3030 Childrens Way MOB 402A

City

San Diego

State

CA

Zip Code

92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rady Children's Hospital
of San Diego

Occupation
Director, Pediatric Airway and Aerodig

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320413

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Richard K Caldwell, MD

Mailing Address 417 S 4th St Ste B

City

Gadsden

State

AL

Zip Code

35901-5296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dowling & Caldwell MD PCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: C1304277

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Daniel G Carothers, MD

Mailing Address 676 N Saint Clair St Ste 1575

City

Chicago

State

IL

Zip Code

60611-2889

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Nasal & SinusOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	1	1

Transaction ID: C1320411

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Stephen J Chadwick, MD

Mailing Address 87 N Country Club Rd

City

Decatur

State

IL

Zip Code

62521-4152

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENTA Allergy, Head and Neck InstituteOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	1

Transaction ID: C1320571

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Sujana S. Chandrasekhar, MD

Mailing Address 364 E 69th St Apt 2

City

New York

State

NY

Zip Code

10021-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York OTO

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1320407

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Susan R. Cordes, MD

Mailing Address 702 Barnhill Dr Ste 860

City

Indianapolis

State

IN

Zip Code

46202-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University School
of Medicine

Occupation
Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320394

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lee D. Eisenberg, MD MPH

Mailing Address 177 N Dean St Ste PHSOUTH

City

Englewood

State

NJ

Zip Code

07631-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT and Allergy Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320421

Amount of Each Receipt this Period

87.50

SUBTOTAL of Receipts This Page (optional)

687.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Arthur N Falk, MD

Mailing Address 35 Hackett Blvd

City

Albany

State

NY

Zip Code

12208-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ ENT of NE New York

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: C1308676

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Sidney M Fishman, MD

Mailing Address 3801 Katella Ave Ste 425

City

Los Alamitos

State

CA

Zip Code

90720-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ear, Nose and Throat Cent-
er

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: C1303120

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul L. Fortgang, MD

Mailing Address 1 Long Wharf Dr Ste 302

City

New Haven

State

CT

Zip Code

06511-5593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern New England ENT
and Facial Pl

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: C1303122

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

David Foyt, MD

Mailing Address 1220 New Scotland Rd Ste 103

City

Slingerlands

State

NY

Zip Code

12159-9386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Region Ear Institut-
ute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: C1308669

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Cameron D Godfrey, MD

Mailing Address 2308 Clarinda Ave

City

Wichita Falls

State

TX

Zip Code

76308-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Head & Neck Surgical Asso-
ciates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1312457

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mark N Goldstein, MD

Mailing Address 50 Riverside Dr Apt 8A

City

New York

State

NY

Zip Code

10024-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: C1303117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Nancy R Griner, MD

Mailing Address 1700 Tree Ln Ste 320

City

Snellville

State

GA

Zip Code

30078-6747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320410

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Joseph E. Hart, MD FACS MS

Mailing Address 1753 W Ridgeway Ave Ste 108

City

Waterloo

State

IA

Zip Code

50701-4588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320414

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stacey L. Ishman, MD

Mailing Address 7100 Bristol Rd

City

Baltimore

State

MD

Zip Code

21212-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins Medical Ins-
titutions

Occupation
Assistant Professor of Otolaryngology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1293987

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Bruce C Johnson, MD

Mailing Address 3099 River Rd S Ste 150

City

Salem

State

OR

Zip Code

97302-9754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willamette ENT/Facial Pla-
stic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: C1304854

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth A Kaplan, MD

Mailing Address 557 Cranbury Rd Ste 3

City

East Brunswick

State

NJ

Zip Code

08816-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Otolaryngology
Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: C1302866

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ayesha Khalid, MD

Mailing Address 350 College Road

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass Eye & Ear

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: C1303113

Amount of Each Receipt this Period

146.00

SUBTOTAL of Receipts This Page (optional)

1146.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Ronald H Kirkland, MD

Mailing Address 616 W Forest Ave

City

Jackson

State

TN

Zip Code

38301-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Jackson ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	0	/	2	0	1	1

Transaction ID: C1307894

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Helen F. Krause, MD

Mailing Address 1301 Aviara PI

City

Gibsonia

State

PA

Zip Code

15044-8042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: C1308679

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

John H. Krouse, MD PhD

Mailing Address Dept Of OTO
3440 N. Broad Street Kresge West #

City

Philadelphia

State

PA

Zip Code

19140-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple UniversityOccupation
Professor of Otolaryngology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: C1312458

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Donald C Lanza, MD MS

Mailing Address 550 - 94th Ave N

City

Saint Petersburg

State

FL

Zip Code

33702-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sinus & Nasal Inst of Flo-
rida PA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 1

Transaction ID: C1320573

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Rodney P. Lusk, MD

Mailing Address 555 N 30th St

City

Omaha

State

NE

Zip Code

68131-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boys Town Natl Research
Hosp

Occupation

Director Boys Town ENT Institute

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320427

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Marc D Maslov, MD

Mailing Address PO Box 545

City

Seneca

State

PA

Zip Code

16346-0545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ear, Nose and Throat Asso-
ciates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: C1295596

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Mary Melissa McBrien, MD

Mailing Address 6900 Orchard Lake Rd Ste 314

City

West Bloomfield

State

MI

Zip Code

48322-3457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Troy ENT

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1320574

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Srinivas B Mukkamala, MD

Mailing Address 1170 Charter Dr Ste F

City

Flint

State

MI

Zip Code

48532-3587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mukkamala and Kulkarni Mds

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: C1308668

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Agnes V Nall, MD

Mailing Address 701 Manatee Ave W Ste 202

City

Bradenton

State

FL

Zip Code

34205-8624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ear, Nose and Throat Asso-
ciates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: C1304284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

V Rama Nathan, MD

Mailing Address 820 S Bea Ave

City

Inverness

State

FL

Zip Code

34452-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: C1303126

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James L Netterville, MD

Mailing Address Dept of OTO-HNS
7209 Med Ctr E - S Tower 1215 21st

City

Nashville

State

TN

Zip Code

37232-8605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt Univ Med Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: C1320502

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David R. Nielsen, MD FACS

Mailing Address 1650 Diagonal Rd

City

Alexandria

State

VA

Zip Code

22314-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAO-HNS/F

Occupation
Executive Vice President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: C1320433

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Steven M Parnes, MD

Mailing Address 35 Hackett Blvd

City

Albany

State

NY

Zip Code

12208-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ ENT of NE New York

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: C1308674

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Adam M Shapiro, MD

Mailing Address 9149 Estate Thomas
Paragon Med Bldg Ste 308

City

St Thomas

State

VI

Zip Code

00802-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virgin Islands ENT

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: C1295626

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stanley A. Sheft, MD

Mailing Address 6 Sand Hill Rd Ste 302

City

Flemington

State

NJ

Zip Code

08822-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunterdon Otolaryngology
Assoc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: C1304857

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Steven M Silver, MD

Mailing Address 35 Hackett Blvd

City

Albany

State

NY

Zip Code

12208-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ ENT of NE New YorkOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

Transaction ID: C1308675

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Aaron T Spingarn, MD

Mailing Address 44 Pheasant Run Rd

City

Pleasantville

State

NY

Zip Code

10570-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Transaction ID: C1304855

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Michael G Stewart, MD MPH

Mailing Address 1305 York Ave Fl 5
Dept of Orl

City

New York

State

NY

Zip Code

10021-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weill Cornell Med ClgOccupation
Professor and Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Transaction ID: C1304278

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Chester L Strunk, MD

Mailing Address 2950 Cullen Blvd Ste 202

City

Pearland

State

TX

Zip Code

77584-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Area ENT

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1293992

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joy Trimmer

Mailing Address 316 Pennsylvania Ave SE
Ste 501

City

Washington

State

DC

Zip Code

20003-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Otolaryngology-HNS

Occupation
Sr. Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1312456

Amount of Each Receipt this Period

285.00

C.

Full Name (Last, First, Middle Initial)

Debara L Tucci, MD

Mailing Address Div of OHNS Dept of Surgery
PO Box 3805

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Univ Med Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: C1303114

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

907.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

Edwin Williams, MD

Mailing Address 1072 Troy Schenectady Rd
Ste 201

City State Zip Code
Latham NY 12110-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: C1308672

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jay S. Youngerman, MD

Mailing Address 875 Old Country Rd Ste 200

City State Zip Code
Plainview NY 11803-4934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island ENT Assoc PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1320430

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Raymond L Yung, MD

Mailing Address 845 United Nations Plz Apt 18D

City State Zip Code
New York NY 10017-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1293993

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

John J Zappia, MD

Mailing Address 30055 Northwestern Hwy Ste 101

City

Farmington Hills

State

MI

Zip Code

48334-3260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Ear InstituteOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: C1320575

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

18465.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

EDonation

Mailing Address 118 N Saint Asaph St

City
Alexandria

State
VA

Zip Code
22314-3110

Purpose of Disbursement
Payment to EDonation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Payment to EDonation

Transaction ID: D117717

Date of Disbursement

/ /

Amount of Each Disbursement this Period

385.88

SUBTOTAL of Disbursements This Page (optional)

385.88

TOTAL This Period (last page this line number only)

385.88

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City
HOPKINSVILLE

State
KY

Zip Code
42241

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Edward Whitfield

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: D117251

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City
Laredo

State
TX

Zip Code
78042

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Henry Cuellar

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: D117253

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City
SALT LAKE CITY

State
UT

Zip Code
84152

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jim Matheson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: D117249

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Marsha Blackburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D117250

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Paul D. Ryan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: D117252

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Pete Stark

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D117248

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City
SPRINGFIELD

State
MA

Zip Code
01108

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Richard E. Neal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D117247

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

18000.00